

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002714

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 281Primary Registration District No. 3048Registrar's No. 18

STATE FILE NUMBER

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Hopkins</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lawrence Rosco Wiley</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer and Service Station</b>		11. BIRTHPLACE (City and state or country) <b>Pickering, Mo.</b>	
13a. FATHER'S NAME <b>Andrew J. Wiley</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Belle Ingles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO. <b>5</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) <b>Atherosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>vascular disease - atherosclerosis</b> DUE TO (c)		14. NAME OF HUSBAND OR WIFE <b>Leta Wiley</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's disease &amp; senile changes</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>7:40</b> a.m. p.m. Month, Day, Year <b>11-30-62</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>fall from stairs</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>12th main Maryville Mo</b>	
20f. CITY, TOWN, OR LOCATION <b>Pickering, Mo.</b>		COUNTY <b>Mo.</b> STATE	
21. I attended the deceased from <b>11-30-62</b> to <b>1-21-63</b> and last saw her alive on <b>1-20-63</b> Death occurred at <b>7:40 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>H C Bauman MD</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-24-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>White Oak</b>		23d. LOCATION (City, town, or county) <b>Pickering, Mo.</b>	
24. FUNERAL DIRECTOR <b>Stanley Swanson</b>		25. DATE RECD. BY LOCAL REG. <b>1-25-63</b>	
26. REGISTRAR'S SIGNATURE <b>Kesler</b>		22c. DATE SIGNED <b>1-25-63</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 1 1963  
FEB 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Myself, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.